

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	39	11 / 14 / 17	PORT OF MOCHA COFFEE HOUSE - MIC
Follow-up	<input checked="" type="checkbox"/>			TIME IN	PERMIT HOLDER
Complaint			RATING	10:20AM	DEWAN ENTERPRISES INC.
Investigation			<u>1D</u>	TIME OUT	
Other:				1:15PM	
				SANITARY PERMIT NO.	LOCATION (Address)
				17000 2758	1088 W. MAPLE CORPS. DR MICOMALL D
ESTABLISHMENT TYPE				AREA	TELEPHONE
RESTAURANT				1	688-7268
				No. of Risk Factor/Intervention Violations	5
				No. of Repeat Risk Factor/Intervention Violations	3
				RISK CATEGORY	3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performance duties			6
Employee Health						
2	IN	OUT	Management awareness: policy present		X	6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	IN	OUT	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	IN	OUT	No discharge from eyes, nose, and mouth			6
Preventing Contamination by Hands						
6	IN	OUT	Hands clean and properly washed			6
7	IN	OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	IN	OUT	Adequate handwashing facilities supplied & accessible		X	6
Approved Source						
9	IN	OUT	Food obtained from approved source			6
10	IN	OUT	Food received at proper temperature			6
11	IN	OUT	Food in good condition, safe, and unadulterated			6
12	IN	OUT	Required records available: shellstock tags, parasite destruction			6
Protection from Contamination						
13	IN	OUT	Food separated and protected			6
14	IN	OUT	Food contact surfaces: cleaned & sanitized			6
15	IN	OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6

Compliance Status				COS	R	PTS
Potentially Hazardous Food (TCS Food)						
16	IN	OUT	N/A	N/O	Proper cooking time and temperatures	6
17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	6
18	IN	OUT	N/A	N/O	Proper cooling time and temperature	6
19	IN	OUT	N/A	N/O	Proper hot holding temperatures	6
20	IN	OUT	N/A	N/O	Proper cold holding temperatures	6
21	IN	OUT	N/A	N/O	Proper date marking and disposition	6
Consumer Advisory						
22	IN	OUT	N/A		Consumer Advisory provided for raw or undercooked foods	6
Highly Susceptible Populations						
23	IN	OUT	N/A		Pasteurized Foods used, prohibited foods not offered	6
Chemical						
24	IN	OUT	N/A		Food additives: approved and properly used	6
25	IN	OUT			Toxic substances properly identified, stored, used	6
Conformance with Approved Procedures						
26	IN	OUT	N/A		Compliance with variance, specialized process, and HACCP plan	6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30	X		Proper cooling methods used; adequate equipment for temperature control		X	1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33	X		Thermometer provided and accurate		X	1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1

Compliance Status				COS	R	PTS
Proper Use of Utensils						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44	X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	X		Warewashing facilities: installed, maintained, used, test strips			1
46	X		Nonfood-contact surfaces clean		X	1
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48	X		Plumbing installed: proper backflow devices			2
49	X		Sewage and wastewater properly disposed		X	2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52	X		Physical facilities installed, maintained, and clean		X	1
53	X		Adequate ventilation and lighting; designated areas use		X	1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) <i>Jennifer Choi</i>	Date: 11/14/17	
DEH Inspector (Print and Sign) D. MITCHELL EPHO II / J. GARCIA EPHO I	Follow-up (Circle one): YES NO	Follow-up Date

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Division of Environmental Health
Food Establishment Inspection Report

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ESTABLISHMENT NAME PORT OF MOCHA COFFEE HOUSE-MALL		LOCATION (Address) 1088 W. MARINE CORPS. DR. DEDEDU
INSPECTION DATE 11 / 14 / 17	SANITARY PERMIT NO. 170002758	PERMIT HOLDER DENAN ENTERPRISES INC.

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
HAM / PREP. CHILLER	63.5		
BLACK FOREST HAM / "	59.5		
SALMON / "	58.5		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

A FOLLOW-UP INSPECTION WAS CONDUCTED. PREVIOUS INSPECTION CONDUCTED ON 7/6/17 (32,C). THE PREVIOUS VIOLATIONS HAVE BEEN CORRECTED: (# 6, 30, 35, 38).

THE FOLLOWING REPEAT VIOLATIONS WERE OBSERVED:

- | | |
|----|--|
| 2 | NO EMPLOYEE HEALTH POLICY PRESENT. AN EMPLOYEE HEALTH POLICY SHALL BE IN PLACE TO ENSURE TRAINING ON PROPER EXCLUSION / RESTRICTION OF SICK EMPLOYEES. |
| 8 | NO PAPER TOWELS PROVIDED FOR HANDWASH SINK. SANITARY PAPER TOWELS SHALL BE PROVIDED TO PROMOTE PROPER HANDWASHING. |
| 21 | FOOD ITEMS IN STAND-UP CHILLER (CUT FRUIT) NOT DATE-MARKED. FOOD SHALL BE DATE-MARKED TO ENSURE TIMELY DISPOSITION OF FOOD. |

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) <i>[Signature]</i>	Date: 11/14/17
DEH Inspector (Print and Sign) J. GARZA : EPHO I / D. MITCHELL EPHO II	Date: 11/14/17

White: DPHSS/DEH Yellow: Food Establishment

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

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ESTABLISHMENT NAME <u>PORT OF MOCHA COFFEE HOUSE - MICROS</u>		LOCATION (Address) <u>1058 W. MARINE CORPS DR. DEDDET</u>
INSPECTION DATE <u>11 / 14 / 17</u>	SANITARY PERMIT NO. <u>170002288</u>	PERMIT HOLDER <u>DEWAN ENTERPRISES INC.</u>

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

33	THERMOMETERS NOT PROVIDED FOR CHILLERS & REFRIGERATION UNITS IN FACILITY. THERMOMETERS SHALL BE PROVIDED FOR PROPER FOOD/AMBIENT TEMPERATURE MONITORING.	
46	ACCUMULATION OF DIRT IN ICE MACHINE. BUILD UP OF ICE IN FREEZER. NON-FOOD CONTACT SURFACES SHALL BE KEPT CLEAN TO PREVENT CROSS-CONTAMINATION.	
52	FLOORS & WALLS IN DISREPAIR/NOT CLEAN. ALL PHYSICAL FACILITIES SHALL BE KEPT CLEAN & IN GOOD REPAIR TO PREVENT CROSS-CONTAMINATION.	
53	BUILD-UP OF DUST IN VENTILATION GRILL IN KITCHEN. ADEQUATE VENTILATION SHALL BE PROVIDED & KEPT CLEAN TO ALLOW FOR PROPER REMOVAL OF OBNOXIOUS ODORS & AIR FLOW.	
THE FOLLOWING NEW VIOLATIONS WERE OBSERVED:		
1	NO MANAGER'S CERTIFICATION PROVIDED. A PERSON IN CHARGE WITH A VALID MANAGER'S CERTIFICATION SHALL BE PRESENT DURING OPERATION HOURS TO ENSURE PROPER FOOD SAFETY PRACTICES.	
20	PHF/TCS FOODS (HAM, SALMON) NOT HELD AT PROPER COLD HOLDING TEMPERATURES OF 41°F & BELOW. PHF/TCS FOODS SHALL BE PROPERLY COLD HELD TO PREVENT THE RAPID GROWTH OF BACTERIA.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person In Charge (Print and Sign) <u>[Signature]</u>	Date: <u>11/14/17</u>
DEH Inspector (Print and Sign) <u>J. GAROYA EPH01</u> / <u>D. MITCHELL EPH011</u>	Date: <u>11/14/17</u>

Food Establishment Inspection Report

ESTABLISHMENT NAME PORT OF MOCHA COFFEE HOUSE - MICROMALL		LOCATION (Address) 1088 W. MARINE CORPS DR. MICROMALL
INSPECTION DATE 11 / 14 / 17	SANITARY PERMIT NO. 170002708	PERMIT HOLDER DEWAN ENTERPRISES INC.

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Yellow: Food Establishment

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ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

PHOTOS OF VIOLATIONS TAKEN

REMOVED "C" PLACARD # 00142.

POSTED "Ø" PLACARD # ~~DO~~ 0116:33 00952
"NOTICE OF CLOSURE" PLACARD POSTED.

ISSUED A NOTICE OF CLOSURE & RE INSPECTION REQUEST FORM. SANITARY PERMIT HAS BEEN RETRIEVED.

A \$100 RE-INSTATEMENT FEE SHALL BE PAYABLE TO THE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES AFTER A FOLLOW-UP INSPECTION IS CONDUCTED AND ALL VIOLATIONS ARE CORRECTED.

PIC JENNIFER OHOI BRIEFED ON THE ABOVE

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)

Date: 11/14/21

DEH Inspector (Print and Sign)

Date: 4/4/17



EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPARTAMENTON SALUD PUBLIKO YAN SIBISION SUSTAT



JAMES W. GILMAN
DIRECTOR

LEO G. CASE
DEPUTY DIRECTOR

Date: 11/14/17

PORT OF MOCHA COFFEE HOUSE - MICRO MALL
Name of Establishment

As a result of this inspection your establishment received a

☐ LETTER OF WARNING

(Demerit Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) calendar days from the official receipt of this notice to ensure that corrective measures have been taken.

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10 GCA, Chapter 21.

☒ NOTICE OF CLOSURE

39 / 12 1/2
(Demerit Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10 GCA Ch. 21 §21109(b), suspension without prior hearing may be imposed until the violation is corrected. You may also request a hearing to the Division of Environmental Health within five (5) calendar days of the date of this notice. When a hearing is requested following a suspension without prior hearing, it shall be discretionary with the Director as to whether the suspension shall be continued pending the hearing.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7221 or (fax) 734-5556. Si Yu'us Ma'ase.

Sincerely,

Director

FOR JAMES W. GILMAN

Issued By:

J. GARCA / D. MITCHELL
Name of EPHD

Received By:

Establishment Representative

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